

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gabrielle Redfern

**Name**

(2) 4539 Royal Palm Avenue

**Address (number and street)**

Miami Beach, FL

**City, State, Zip Code**

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

RECEIVED

05 OCT 28 PM 4:06

CITY CLERK'S OFFICE

(4) Check appropriate box(es):

☒ Candidate (office sought): Miami Beach City Commissioner Group 1

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 08 / 2005 To 10 / 27 / 2005 Report Type F3

☐ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 600.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ 600.00

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 35.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ 35.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 4,005.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,274.78

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DANIEL E. JONES

☐ Individual (only for electioneering comm.)    ☒ Treasurer    ☐ Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) GABRIELLE REDFERN

☒ Candidate    ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gabrielle Redfern (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 10 / 08 / 2005 through 10 / 27 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10 / 14 / 05	Prime Time Seniors 565 NORTH SHORE DRIVE MIAMI BEACH FL 33141	donation	MON		\$35.00
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gabrielle Redfern (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 08 / 2005 through 10 / 27 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10 / 20 / 2005	Americo Wehbe 9324 Abbott Ave. Surfside, FL 33154	I	Investor	CAS			\$350.00
1							
10 / 21 / 2005	DEWEYS 4299 Collins Avenue Miami Beach 3314	B	Rest- urant	CHE			\$250.00
2							
/ /							
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